

Physical Therapist/Physical Therapist Assistant Applicants:

- Type or print legibly with black or blue ink only.
- Disclosure of your U.S. social security number is mandatory. The disclosure is mandated by the Nebraska Child Support Law
- Your application must be signed and dated.
- You must submit an original application. We will not accept a copy of your application because your original signature is required.

IF YOU ARE APPLYING FOR PT LICENSURE OR PTA CERTIFICATION AND HAVE NOT TAKEN THE NATIONAL EXAMINATION OR HAVE NOT SUCCESSFULLY COMPLETED THE EXAMINATION, YOU MUST:

Submit the following documents to our office - Dept of HHS, Regulation & Licensure, Credentialing Division:

1. Completed application form, notarized copy of your proof of age and the appropriate application fee payable to the Credentialing Division. (Refer to the bottom of the application for fee amount.) (Foreign trained applicants must submit additional information. Refer to page 4, Section 137-003.02 of the Physical Therapy Statutes and Regulations.)
2. Have your PT/PTA school submit your official transcript showing graduation from the accredited program.
3. If you have been convicted of a misdemeanor or felony, you must also submit official court records, disposition and statement from the court that you have successfully completed the court requirements along with a letter from you explaining your conviction. (See information on application.)

Applicants must apply online to the Federation of State Boards of Physical Therapy (FSBPT) to take the National PT or PTA Examination and the NE Law (Nebraska Physical Therapy Jurisprudence) Examination at <https://www.fsbpt.net/pt/> The candidate handbook for the National Examination is on the FSBPT web site at: <http://www.fsbpt.org/download/CandidateHandbook.pdf>

In Addition to applying to our office for PT licensure or PTA certification, applicants must register for the National Examination and the NE Law Examination with FSBPT via the Internet and pay by Visa or MasterCard. If you do not have a personal computer with Internet access, check the school library, public library, Internet cafes, friends, family, etc. If you cannot pay by Visa or MasterCard, you can indicate that you will be mailing a check. For further assistance, contact FSBPT Examination Services at (703) 739-9420. The national examination fee is \$350.00. The NE Law Examination fee is \$50.00. (FSBPT notifies us when you have completed online registration and payment.)

Upon receipt of the foregoing documentation and your having met the requirements including payment of your National Examination fee and the NE Law Examination fee to FSBPT, we will authorize you to take both exams. FSBPT will then send you an "Authorization to Test" letter for both exams advising you that you have sixty (60) days in which to schedule and take your examinations at the Prometric Testing Center of your choice. (To locate a test center near you, the Prometric web site is: <http://securereg3.prometric.com/>) You will be required to pay a fee to the Prometric Testing Center at the time you schedule your examination(s). (National PT's exam = \$65.00 / PTA's = \$55.00, NE Law exam = \$25.00)

It is necessary for you to have reviewed the Nebraska Candidate Handbook which includes the Physical Therapy Statutes and Regulations, the Uniform Licensing Law, Statutes Relating to Medical Records and the Regulations Governing Mandatory Reporting for this examination. If you do not have the Nebraska Candidate Handbook to study for the NE Law exam, please call me or email me at irene.eckman@hhs.ne.gov to request your study materials.

IF YOU ARE APPLYING FOR PT LICENSURE/PTA CERTIFICATION BASED ON A LICENSE ISSUED IN ANOTHER JURISDICTION, YOU MUST COMPLETE THE FOLLOWING:

Submit the following documents to our office – Dept of HHS, Regulation & Licensure, Credentialing Division:

1. Completed application form, notarized copy of your proof of age and the appropriate application fee payable to the Credentialing Division. (Refer to the bottom of the application for fee amount.) (Foreign trained applicants must submit additional information. Refer to page 4, Section 137-003.02 of the Physical Therapy Statutes and Regulations.)
2. Have your PT/PTA school submit your official transcript showing graduation from the accredited program.
3. If you have been convicted of a misdemeanor or felony, you must also submit official court records, disposition and statement from the court that you have successfully completed the court requirements along with a letter from you explaining your conviction. (See information on application.)
4. Contact all states you list in Section A item 9 of your application and have those states send Nebraska a certification/verification of your license. (Refer to Section A, item 9 and Section E, item 5 of the application.) If you do not have the other states' contact info, the state physical therapy licensing agencies are listed on the Internet at:

<http://www.fsbpt.org/licensing/index.asp>

Have the Federation of State Boards of Physical Therapy (FSBPT) transfer your national PT/PTA Examination score to Nebraska and register and pay for your Nebraska Jurisprudence examination (NE Law). (Nebraska's passing score is a scaled score of 600 or greater.) To transfer your national examination score and register and pay for the NE Law examination it must be done via the Internet at: <https://www.fsbpt.net/pt/>

The NE Law Examination. Applicants must register online to take the NE Law Examination. The NE Law (Jurisprudence) Examination fee is \$50.00 and must be paid to the Federation of State Boards of Physical Therapy at <https://www.fsbpt.net/pt/> by Visa or MasterCard. If you do not have a personal computer with Internet access, check the school library, public library, Internet cafes, friends, family, etc. If you cannot pay by Visa or MasterCard, you can indicate that you will be mailing a check. For further assistance, contact FSBPT Examination Services at (703)739-9420.

Upon receipt of the foregoing documentation and your having met the requirements including payment of your NE Law examination fee to FSBPT, we will authorize you to take the NE Law examination. FSBPT will then send you an "Authorization to Test" letter for the exam advising you that you have sixty (60) days in which to schedule and take your exam at the Prometric Testing Center of your choice. (To locate a test center near you, the Prometric web site is: <http://securereg3.prometric.com/>) You will be required to pay a fee of \$25 to the Prometric Testing Center at the time you schedule your examination.

It is necessary for you to have reviewed the Nebraska Candidate Handbook which includes the Physical Therapy Statutes and Regulations, the Uniform Licensing Law, Statutes Relating to Medical Records and the Regulations Governing Mandatory Reporting for this examination. If you do not have the Nebraska Candidate Handbook to study for the Nebraska Law exam, please call me at (402)471-2299 or email me at irene.eckman@hhs.state.ne.us to request your study material.

If you have any questions, please contact me at (402) 471-2299 or e-mail at irene.eckman@hhs.ne.gov

Sincerely,

Irene Eckman, Credentialing Specialist
Credentialing Division

State of Nebraska
Department of Health & Human Services
Regulation & Licensure
Credentialing Division
P.O. Box 94986
Lincoln, Nebraska 68509-4986
ATTENTION: Physical Therapy

**APPLICATION FOR CERTIFICATION AS A
PHYSICAL THERAPIST ASSISTANT**

SECTION A - PERSONAL INFORMATION - All applicants must complete this section.												
1	Name:	Last:	First:				Middle/Maiden:					
2	Address:		Street/PO/Route:									
			City:				State:				Zip:	
3	Date of Birth						4	Age				
(Attach proof of age of majority: i.e., verified copy of birth or marriage certificate or driver's license.) Verified means sworn to before a Notary Public. (Attachment M)												
5	Place of Birth:		City/County/State:									
6	SS# (Mandatory)						Telephone:					
7	MORAL CHARACTER											
Have you ever been convicted of a felony or misdemeanor?												Answer Yes or No
If yes, state what crime, date of conviction, name and location of court.												
Crime			Date of Conviction				Name/Location of Court					
If you answered Yes to the above, you must request the following documents be sent directly to this office:												
<ul style="list-style-type: none"> Official court records, which includes charges and disposition If the conviction involved a drug and/or alcohol related offense, all addiction/mental health evaluations and proof of treatment (if treatment was obtained and/or required) If you are currently on probation, a letter from your probation officer addressing probationary conditions and your current status; and A letter from you explaining the circumstances surrounding the conviction 												

Determine the month and year in which you are submitting your application. Pay the amount in the corresponding box.

Year	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
Even	\$37	\$37	\$37	\$37	\$37	\$37	\$37	\$37	\$37	\$37	\$36	\$36
Odd	\$36	\$36	\$36	\$36	\$26	\$26	\$26	\$26	\$26	\$26	\$37	\$37

** If the certification fee at the time the application is final is different from the fee at the time the application is submitted, the difference will be requested or refunded.

8	Have you actively practiced in Nebraska as a physical therapist assistant prior to certification? Answer Yes or No		
	If yes, how many days have you practiced in Nebraska as a physical therapist assistant?		
9	Are you or have you been licensed or certified in another state? Answer Yes or No		
	If yes, list states:		
10	Have you previously held a certificate in Nebraska? Answer Yes or No		
	If yes, Certificate #:		
11	Has any disciplinary action ever been taken against your physical therapist assistant license/certification by a state licensing agency, or is any currently pending? (Explain) Answer Yes or No		
	If yes, submit an official copy of the disciplinary action, including charges and disposition.		

SECTION B - APPLICATION CATEGORY - All applicants must complete this section.

Are you applying for a certificate based on your (check one)

<input type="checkbox"/>	Education	<input type="checkbox"/>	Certification in Another Jurisdiction (State)
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SECTION C - EDUCATION/TRAINING - All applicants must complete this section

Name of Approved Physical Therapist Assistant Program:		
Date of Graduation	(month/day/year)	
School:		
Location:		
All applicants applying on the basis of education must have an official transcript stating the date of graduation sent directly from the institution with the school's seal affixed. Applicants that have graduated from an approved APTA accredited physical therapist assistant program who are applying for certification based on certification in another jurisdiction (State) may have that jurisdiction certify that they completed an approved physical therapist assistant program (on Attachment D3) in lieu of submitting a transcript.		

SECTION D – EXAMINATION

1	Are you applying to take the National Physical Therapist Assistant Examination through Nebraska? <div style="text-align: right;">Answer Yes or No</div>	
If yes, you must register online and pay your national examination fee to the Federation of State Boards of Physical Therapy (FSBPT). https://www.fsbpt.net/pt/		
2	Have you taken or will you take the National Physical Therapist Assistant examination through another state? <div style="text-align: right;">Answer Yes or No</div>	
3	Have you failed the National Physical Therapist Assistant Examination? <div style="text-align: right;">Answer Yes or No</div>	
If yes, list date(s) you have taken the examination		
4	If you have taken the national examination and passed, request that the Federation of State Boards of Physical Therapy Transfer Service submit a copy of your scores, converted to Nebraska requirements, directly to our office. Submit the enclosed Score Transfer Service Request form to FSBPT or have your scores transferred via the internet at: http://www.fsbpt.net/pt/	
5	You are required to pass a Jurisprudence (law) Examination. Applicants must register online and pay the fee of \$50.00 to the Federation of State Boards of Physical Therapy. https://www.fsbpt.net/pt/	
6	Do you have a disability that requires any special accommodations for taking the examination? (If yes, an Accommodation Request Form must be completed. (see attached) <div style="text-align: right;">Answer Yes or No</div>	

SECTION E - CERTIFICATION ISSUED ON THE BASIS OF A CERTIFICATION IN ANOTHER JURISDICTION - (If you hold a certificate to practice as a physical therapist assistant in another jurisdiction (state), complete this section and have the licensing agency complete the Certification of Physical Therapist Assistant Certificate, Attachment D-3.)

1	Name of Agency Issuing Certificate:			
	Address:	Street/PO/Route:		
		City:	State:	Zip:
2	Date Issued:			
3	Name of Written Examination:			
4A	Have you been actively engaged in practice as a physical therapist assistant under such certification or in an accepted residency or graduate program for one year of the three years preceding the date of application for a Nebraska certificate? <div style="text-align: right;">Answer Yes or No</div>			

	4A1	If in an accepted residency or graduate program, provide the name of the facility or graduate program, address, and dates actively engaged in the practice of physical therapy. (Use an additional sheet if space is inadequate.)			
		Facility	Address	Dates	
	4A2	Give location, address, and dates actively engaged in practice of physical therapy. (Use additional sheet if space is inadequate.)			
		Facility	Address	Dates	
4B	Have you been in active and continuous practice of physical therapy as a physical therapist assistant under certification by examination in the state, territory, or District of Columbia from which you come for at least one year following the issuance of such certificate?				
	Answer Yes or No				
	4B1	Give location, address, and dates actively engaged in practice of physical therapy. (Use additional sheet if space is inadequate.)			
		Facility	Address		Dates
5	Have you requested to have certification of your physical therapy certification sent to Nebraska by submitting to the appropriate licensing agency the certification of Applicant's License in Physical Therapy (Attachment D-3)?				
	Answer Yes or No				

SECTION F – CERTIFYING INFORMATION

I hereby certify that the preceding information is correct to the best of my knowledge and I further certify that I am of good moral character.

Signature of Applicant: _____ Date: _____

CERTIFICATION OF APPLICANT'S CERTIFICATE AS A PHYSICAL THERAPIST ASSISTANT

(Must be completed by licensing agency)(state)

(Print or Type)

Our records indicate that _____ was certified as a physical therapist assistant on

_____, 20____. The certificate was issued on the basis of written examination

_____ on _____.

(Name of Examination)

(date of examination)

The applicant's score was _____. The applicant graduated from the following accredited physical therapist

assistant educational program:_____ Date of graduation:_____

Requirements for certification in _____ at the time this certificate was issued were:_____

(Issuing State)

_____ and are currently:_____

(Copies of regulations/requirements for credentialing at the time of issuance of certification and present requirements may be attached as documentation.)

Based on the records of this department, the applicant's certificate:

- (a) ___ is in good standing, and so far as our records are concerned, the applicant is entitled to endorsement.
- (b) ___ has been disciplined.

Please explain any disciplinary action: _____

Date _____

Name and Title

Licensing Agency

Address

City/State/Zip Code

Signature

(_____) _____
Area Code Telephone Number

(SEAL)

FORWARD THIS COMPLETED FORM TO:

Department of Health & Human Services Regulation &
Licensure
Credentialing Division
P.O. Box 94986
Lincoln, NE 68509-5007
ATTENTION: Physical Therapy

State of Nebraska
Department of Health & Human Services Regulation & Licensure
Credentialing Division
P.O. Box 94986
Lincoln, Nebraska 68509-4986
ATTENTION: Physical Therapy

PROOF OF AGE

The following affidavit must be attached to the copy of your original document(s) (i.e. birth certificate, driver's license, marriage license, passport) in order for them to be accepted by this office as a verified copy. (Verified means sworn to before a notary public.)

PLEASE NOTE THAT YOU MUST SIGN THIS STATEMENT IN THE PRESENCE OF A NOTARY PUBLIC.

IF YOU HAVE QUESTIONS CONCERNING THE COMPLETION OF THIS OR ANY OTHER REQUIREMENT, PLEASE DO NOT HESITATE TO CONTACT THIS OFFICE AT: (402) 471-2115.

AFFIDAVIT

STATE OF _____)
) ss
COUNTY OF _____)

I, _____, being first duly sworn upon oath, states and deposes that the attached
(Applicant)

is a true and correct copy of the original document.

NAME OF DOCUMENT _____

Date _____

(Signature of Applicant)

Subscribed and sworn to before me this _____ day of _____, 20____.

(SEAL)

NOTARY PUBLIC
My Commission Expires: _____

This form may be completed online, printed and mailed to the address listed below.

STATE OF NEBRASKA
Department of Health and Human Services Regulation & Licensure
Credentialing Division
P.O. Box 94986 - Lincoln, Nebraska 68509-4986
(402) 471-2299

ACCOMMODATION REQUEST FORM
ATTN: Physical Therapy

The information requested below and any documentation regarding your disability and your need for accommodation in testing will be considered a confidential record and will not be shared with any outside source without your express written permission, unless release is ordered by a court of competent jurisdiction, or otherwise authorized by law.

Applicant Name	First:	MI:	Last:
ADDRESS	Street/PO/Route:		
	City:	State:	Zip:
Exam Accommodations Requested For			
Telephone No		Date Of Examination	
Specify Disability			

(Check all that apply)

- ☐ Accessible Testing Site
 - ☐ Braille ☐ Large print ☐ Tape
 - ☐ Reader as accommodation for visual impairment
 - ☐ Scribe/amanuensis as accommodation for visual or motor impairment
 - ☐ Reader as accommodation for learning disability
 - ☐ Scribe/amanuensis as accommodation for learning disability
 - ☐ Sign Language Interpreter
 - ☐ Extended Time ☐ Time-and-a-half ☐ Double time ☐ More than double time (specify): _____
 - ☐ Separate testing area
 - ☐ Use of computer or other adaptive equipment (specify): _____
 - ☐ Other (specify): _____
- Comments: _____

Signed: _____

Date: _____

DOCUMENTATION OF DISABILITY RELATED NEEDS

If you have a learning disability, a psychological disability, or other hidden disability that requires an accommodation in testing, please have this section completed by an appropriate professional (education professional, doctor, psychologist, psychiatrist) to certify that your disabling condition requires the requested test accommodation.

IF YOU HAVE EXISTING DOCUMENTATION OF HAVING THE SAME OR SIMILAR ACCOMMODATION PROVIDED TO YOU IN ANOTHER TEST SITUATION, YOU MAY SUBMIT SUCH DOCUMENTATION INSTEAD OF HAVING THIS PORTION OF THE FORM COMPLETED.

I have known _____ since _____
(test applicant) (date)

in my capacity as a _____
(professional title)

The applicant has discussed with me the nature of the test to be administered. It is my opinion that because of this applicant's disability, he/she should be accommodated by providing the following: (check all that apply)

- ☐ Taped test
- ☐ Large print test
- ☐ Reader
- ☐ Scribe/amanuensis
- ☐ Extended time:
 - ☐ Time-and-a-half
 - ☐ Double time
 - ☐ More than double time (please justify): _____
- ☐ Separate testing area
- ☐ Use of computer or other adaptive equipment (please specify): _____
- ☐ Other (please specify): _____

Date: _____

Signature: _____

Printed Name: _____

Title: _____

License # (if applicable): _____